

2005/2006

SCANNABLE FORMS SPECIFICATIONS

List of Scannable Forms:

G-45 Periodic General Excise/Use Tax Return

G-49 Annual Return & Reconciliation General Excise/Use Tax Return

HW-14 Periodic Withholding Tax Return

N-11 Individual Income Tax Return (Resident Filing Federal Return)
N-15 Individual Income Tax Return (Nonresident and Part-Year Resident)

Sch. CR Schedule of Tax Credits

Note: Reproductions must meet requirements as established in our current Forms Reproduction Policy and within this document.

Forms listed on page 1 have been redesigned for scan and image processing. They will be entered into our system through IBML scanners then processed through character recognition software. Software developers who reproduce, develop, or distribute the scannable forms must create the forms so the variable data (specified fields containing taxpayer information) are printed in a fixed format that can be read by the IBML scanners. Substitute scannable forms MUST meet the Department's requirements and be approved prior to release or distribution.

Scannable Common Form Layout

- The format and layout of each scannable form should match the grid exactly.
- Variable data fields require use of 12 pt Courier Font and exact placement.
- Open space around variable data fields should be adhered to as much as possible. Do not place any
 additional information in these areas.
- On forms requiring rounding (N-11, N-15, Schedule CR, columns a, b, c of Forms G-45 and G-49), amount fields must be rounded to the nearest dollar and appear as whole dollars, no commas.
- On forms not requiring rounding (HW-14, parts of Forms G-45 and G-49), amount fields must be printed with decimal points with 2 digits showing cents, no commas.
- If an amount is negative, place a bold X (X) (12 pt Courier Font) as indicated on Forms N-11, N-15, and Schedule CR. For Forms G-45 and G-49 insert the "X" in the fourth field to the right of the amount fields. For Form G-49, if there is a negative number for the "Sum of the lines in Column c above", enter the amount within parentheses.

NOTE: Not all amounts can have a negative field.

Text such as "fill in the oval" or "shade in the oval" can be removed.

- Tax periods, tax year ending, and taxpayer identification numbers (Social Security Number, Federal Identification Number and Hawaii Tax Identification Number) must be printed with correct spaces, slashes, and dashes as applicable.
- For "Office Use Only" area, boxes on Forms N-11 and N-15 can be printed in black but very thin. If the
 oval cannot be reproduced, a circle can be used
- Print your 2-digit Hawaii Vendor ID No following the "ID NO" label on the appropriate pages of the forms.
 (See 2006 Remittance Voucher Specifications, page 21 for your Hawaii Vendor ID No. If your company is not listed in the Vendor I.D. Number Table, please contact the Technical Section.)
- Each page contains a 1-D barcode. For more information see "Barcodes" on page 4.

Registration Marks

The scanning equipment looks for "L's", or registration marks, printed on each scannable form and require exact placement. The tolerance is 1mm (1/4 of a grid). The vertical and horizontal edges of the registration marks must be the same length of 8.5mm long and .5 mm thick. Placement of the registration marks is different on each form.

• G-45, Periodic General Excise/Use Tax Return
There are 4 registration marks on each page of the return.

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 18 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8 (8.5). The middle left mark should rest on the middle of row 34 (34.5). The bottom left mark should rest on the bottom of row 63.

Page 2

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 12 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the bottom of row 31. The bottom left mark should rest on the bottom of row 63.

• G-49, Annual Return & Reconciliation General Excise/Use Tax Return

There are 4 registration marks on each page of the return.

Page 1

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 18 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the bottom of row 34. The bottom left mark should rest on the bottom of row 63.

Page 2

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 11 of the grid. The middle right registration mark should rest on the middle of row 31 (31.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the bottom of row 29. The bottom left mark should rest on the bottom of row 63.

• HW-14, Periodic Withholding Tax Return

There are 4 registration marks.

The top and middle right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 18 of the grid. The middle right registration mark should rest on the middle of row 38 (38.5).

The middle and bottom left marks should start at the beginning of column 6 and extend through the middle of column 8. The middle left mark should rest on the middle of row 36 (36.5). The bottom left mark should rest on the bottom of row 63.

N-11, Individual Income Tax Return (Resident Filing Federal Return)

There are 2 registration marks on each page of the return.

Page 1

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 13 (13.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 2

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 3

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 4

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

N-15, Individual Income Tax Return (Nonresident and Part-Year Resident)

There are 2 registration marks on each page of the return

Page 1

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 19 (19.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 2

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 3

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Page 4

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the middle of row 8 (8.5) of the grid. The bottom right registration mark should rest on the bottom of row 63.

Sch. CR. Schedule of Tax Credits

There are 2 registration marks on each page of the Schedule.

Page 1

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 16 of the grid. The bottom right registration mark should rest on the bottom of row 62.

Page 2

The top and bottom right marks should extend from the middle of column 77 (77.5) to the end of column 80. The top registration mark should rest on the bottom of row 11 of the grid. The bottom right registration mark should rest on the bottom of row 53.

Barcodes

- Barcodes must use 3 of 9 (Code 39), 1D symbology.
- Height of the barcode is 1/2 inch and the length will vary. Density of narrow bar width is set to 100 (10ths of mils) or 10 mils or 0.01 inch with resolution set to 300 dpi.
- The barcodes include the form number, type, form year, and page number. At this time, we are not requiring the inclusion of the vendor number in the barcode.
 Specific codes for processing are:

•	•	3	Print Form Code
Form Name		Form Code	underneath barcode*
HW-14		HW14-E05-1	No
G-45, page 1		G45-E05-1	No
G-45, page 2		G45-E05-2	No
G-49, page 1		G49-E05-1	No
G-49, page 2		G49-E05-2	No
N-11, page 1		N11-E05-1	Yes
N-11, page 2		N11-E05-2	Yes
N-11, page 3		N11-E05-3	Yes
N-11, page 4		N11-E05-4	Yes
N-15, page 1		N15-E05-1	Yes
N-15, page 2		N15-E05-2	Yes

N-15, page 3	N15-E05-3	Yes
N-15, page 4	N15-E05-4	Yes
Schedule CR, page 1	CR-E05-01	Yes
Schedule CR, page 2	CR-E05-02	Yes

^{*}Note: Some forms do not require the Form Code to be printed underneath the barcode. If required, the form code must be printed in Courier 10pt font underneath the barcode.

- Each barcode should be placed in the upper left hand corner of the form. The barcode must be at least 1/2 inch from the top edge of the paper and at least 1/2 inch from the left edge of the paper. There must be at least a 1/4 inch minimum clearance (blank space) surrounding the barcode with the exception of the Form Code required to be printed underneath the barcode on the forms identified above.
- Use of the JPEG files of the barcodes for each scannable form is preferable. The JPEG files can be found at our software vendor website.

Legibility and Printing

- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable forms should not be submitted to the Department for processing.

Testing and Approval of Scannable Forms

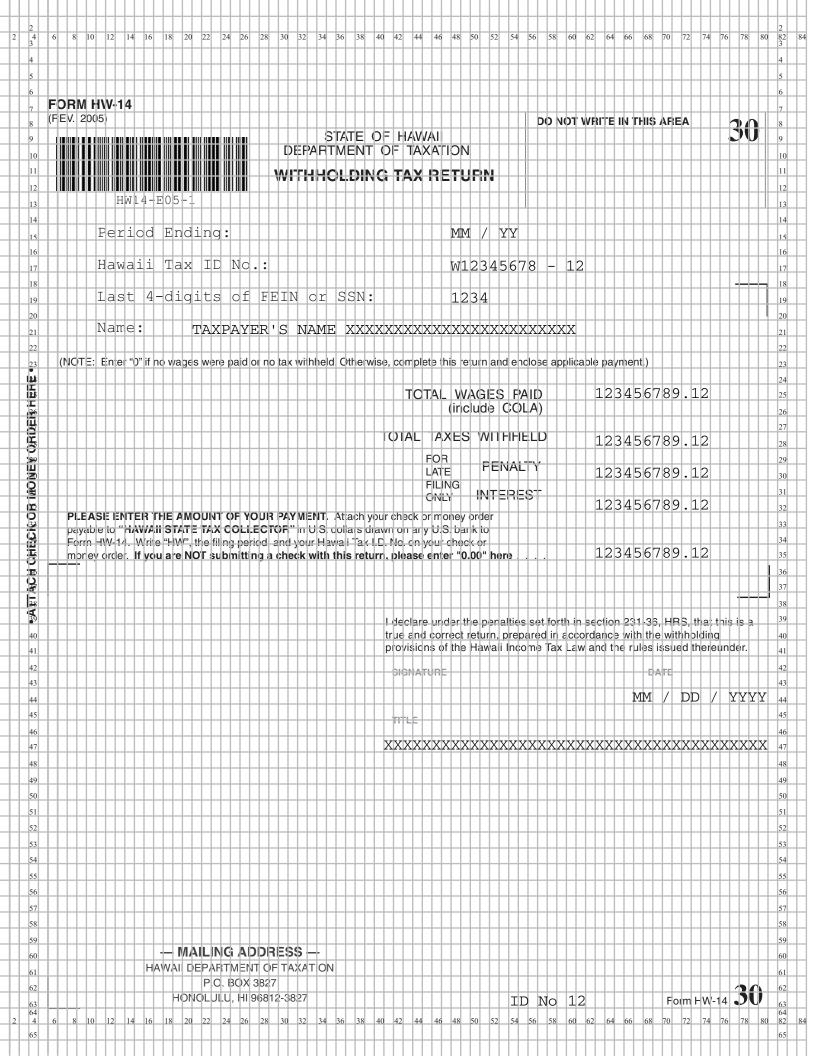
- A minimum of 10 hardcopy test samples of each scannable form must be provided to ensure proper testing.
- The test samples must contain variable data showing different scenarios of variable data. All forms must contain multiple fields of data and be different. At least one sample must contain all maximized fields (one alpha "X" or numeric "9" character space with no leading or tailing spaces).
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of each scannable form must be obtained from the Department prior to filing.

Contact

• Mail all samples and correspondence regarding scannable forms and related issues to:

State of Hawaii Department of Taxation Technical Section Attention: Alexis Shiohira, Forms Coordinator 830 Punchbowl Street, Room 126 Honolulu, HI 96813

Tax.Technical.Section@hawaii.gov 808-587-1577 808-587-1584 (Fax)



FORM HW-14 (REV. 2005)



WITHHOLDING TAX RETURN

DO NOT WRITE IN THIS AREA

30

Period Ending:

MM / YY

Hawaii Tax ID No.:

W12345678 - 12

Last 4-digits of FEIN or SSN:

1234

Name:

STATE OF HAWAII DEPARTMENT OF TAXATION

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

TOTAL WAGES PAID 123456789.12 (include COLA)

TOTAL TAXES WITHHELD 123456789.12

FOR PENALTY 123456789.12 FILING

ONLY INTEREST

123456789.12

PLEASE ENTER THE AMOUNT OF YOUR PAYMENT. Attach your check or money order payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank to Form HW-14. Write "HW", the filing period, and your Hawaii Tax I.D. No. on your check or money order. If you are NOT submitting a check with this return, please enter "0.00" here

123456789.12

I declare under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the withholding provisions of the Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE

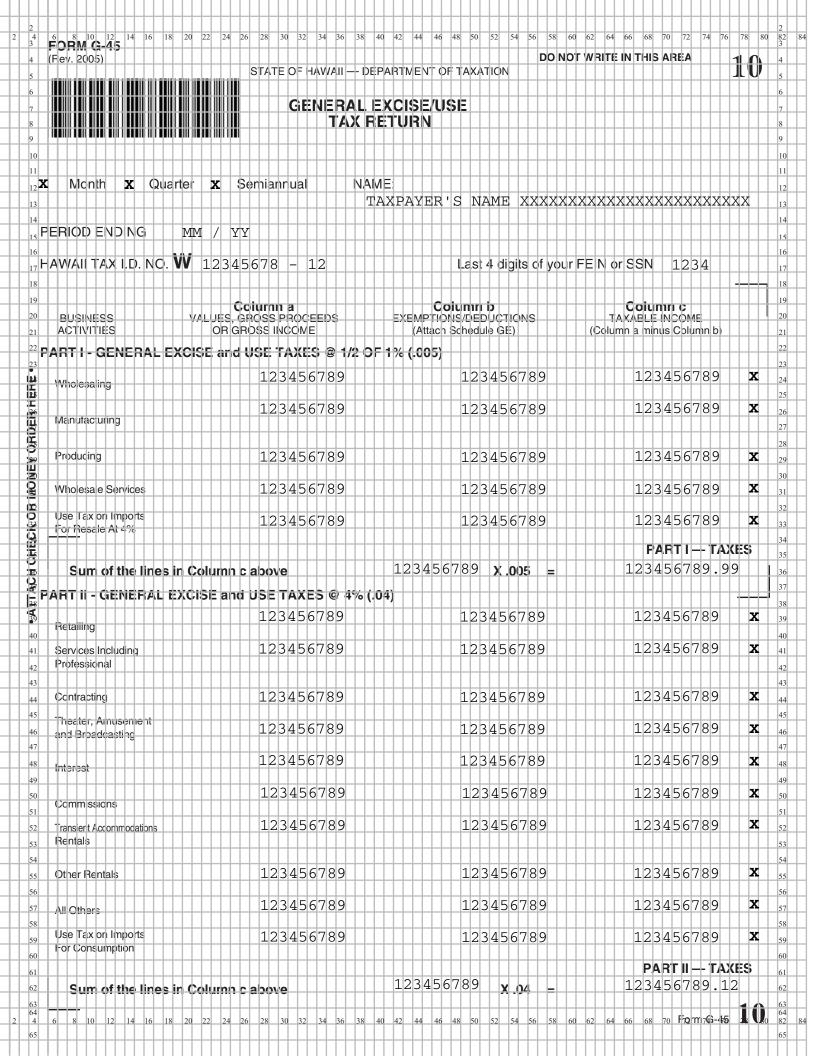
DATE

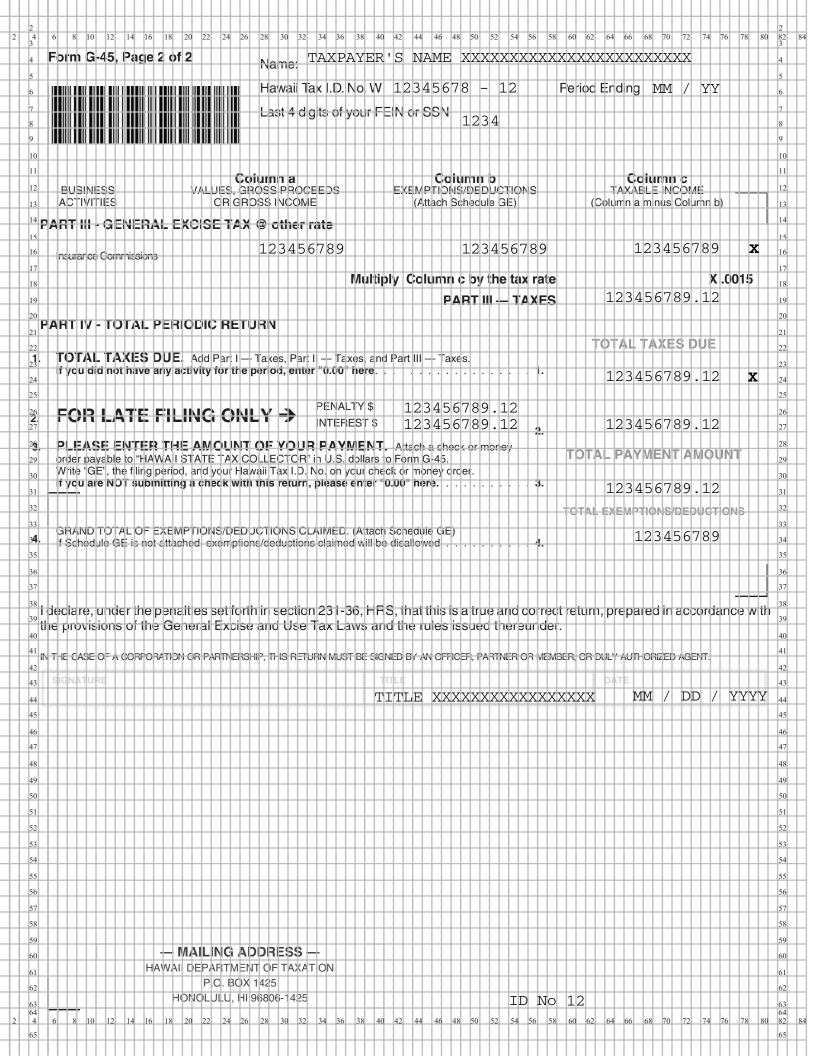
MM / DD / YYYY

TITLE

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 3827

HONOLULU, HI 96812-3827







GENERAL EXCISE/USE TAX RETURN

X Month **X** Quarter **X** Semiannual NAME:

TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXXXX

PERIOD ENDING MM / YY

HAWAII TAX I.D. NO. **W** 12345678 - 12

Last 4 digits of your FEIN or SSN 1234

	BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEEDS OR GROSS INCOME	Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	Column c TAXABLE INCOME (Column a minus Column b)	
F	PART I - GENERAL E	EXCISE and USE TAXES @ 1/2 OF	1% (.005)		
:RE•	Wholesaling	123456789	123456789	123456789	x
• ATTACH CHECK OR MONEY ORDER HERE	Manufacturing	123456789	123456789	123456789	x
EY OF	Producing	123456789	123456789	123456789	x
MON	Wholesale Services	123456789	123456789	123456789	x
X OR	Use Tax on Imports For Resale At 4%	123456789	123456789	123456789	x
Ä				PART I — TAXE	ES
CHC	Sum of the lines	in Column c above	123456789 x.005 =	123456789.99	1
Ĕ F	PART II - GENERAL	EXCISE and USE TAXES $@4\%$ (.0	04)		
Ā	Retailing	123456789	123456789	123456789	x
	Services Including Professional	123456789	123456789	123456789	x
	Contracting	123456789	123456789	123456789	x
	Theater, Amusement and Broadcasting	123456789	123456789	123456789	x
	Interest	123456789	123456789	123456789	x
	Commissions	123456789	123456789	123456789	x
	Transient Accommodations Rentals	123456789	123456789	123456789	x
	Other Rentals	123456789	123456789	123456789	x
	All Others	123456789	123456789	123456789	x
	Use Tax on Imports For Consumption	123456789	123456789	123456789	x
	1		102456700	PART II — TAXE	ES

Sum of the lines in Column c above

123456789 **x.04** =

123456789.12

Form G-45, Page 2 of 2



Hawaii Tax I.D. No. W 12345678 - 12

Period Ending MM / YY

Last 4 digits of your FEIN or SSN

12

	Column a	Column b	Column c
BUSINESS	VALUES, GROSS PROCEEDS	EXEMPTIONS/DEDUCTIONS	TAXABLE INCOME
ACTIVITIES	OR GROSS INCOME	(Attach Schedule GE)	(Column a minus Column b)

PART III - GENERAL EXCISE TAX @ other rate

Insurance Commissions 123456789 123456789 123456789

Multiply Column c by the tax rate X .0015

PART III — TAXES 123456789 . 12

PART IV - TOTAL PERIODIC RETURN

1	TOTAL TAXES DUE. Add Part I — Taxes, Pa	rt II — Tayes and	Part III — Tayos		TOTAL TAXES DUE	
	If you did not have any activity for the period, en			1.	123456789.12	x
2.	FOR LATE FILING ONLY →	PENALTY \$ INTEREST \$	123456789.12 123456789.12	2.	123456789.12	
3.	PLEASE ENTER THE AMOUNT OF YOU order payable to "HAWAII STATE TAX COLLECTOR Write "GE", the filing period, and your Hawaii Tax I.D	R" in U.S. dollars to	Form G-45.		TOTAL PAYMENT AMOUNT	
	If you are NOT submitting a check with this return			3.	123456789.12	
					TOTAL EXEMPTIONS/DEDUCTIONS	S
4.	GRAND TOTAL OF EXEMPTIONS/DEDUCTIONS Of Schedule GE is not attached, exemptions/deduction			4.	123456789	

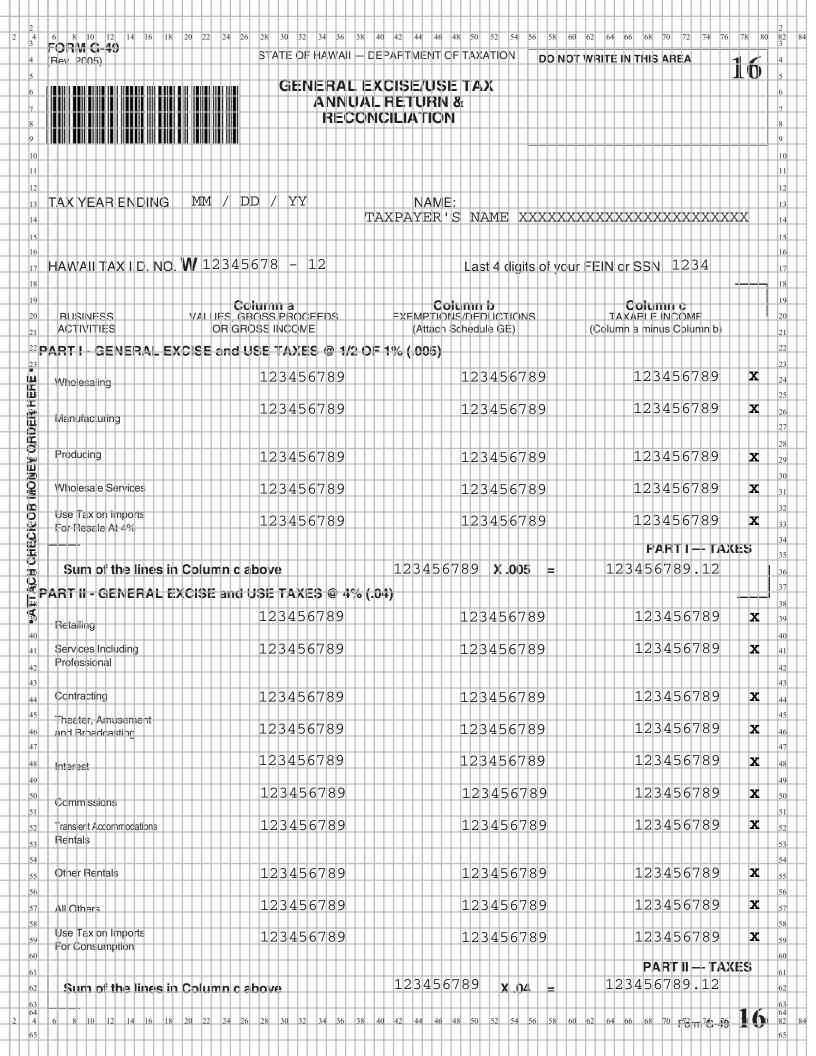
I declare, under the penalties set forth in section 231-36, HRS, that this is a true and correct return, prepared in accordance with the provisions of the General Excise and Use Tax Laws and the rules issued thereunder.

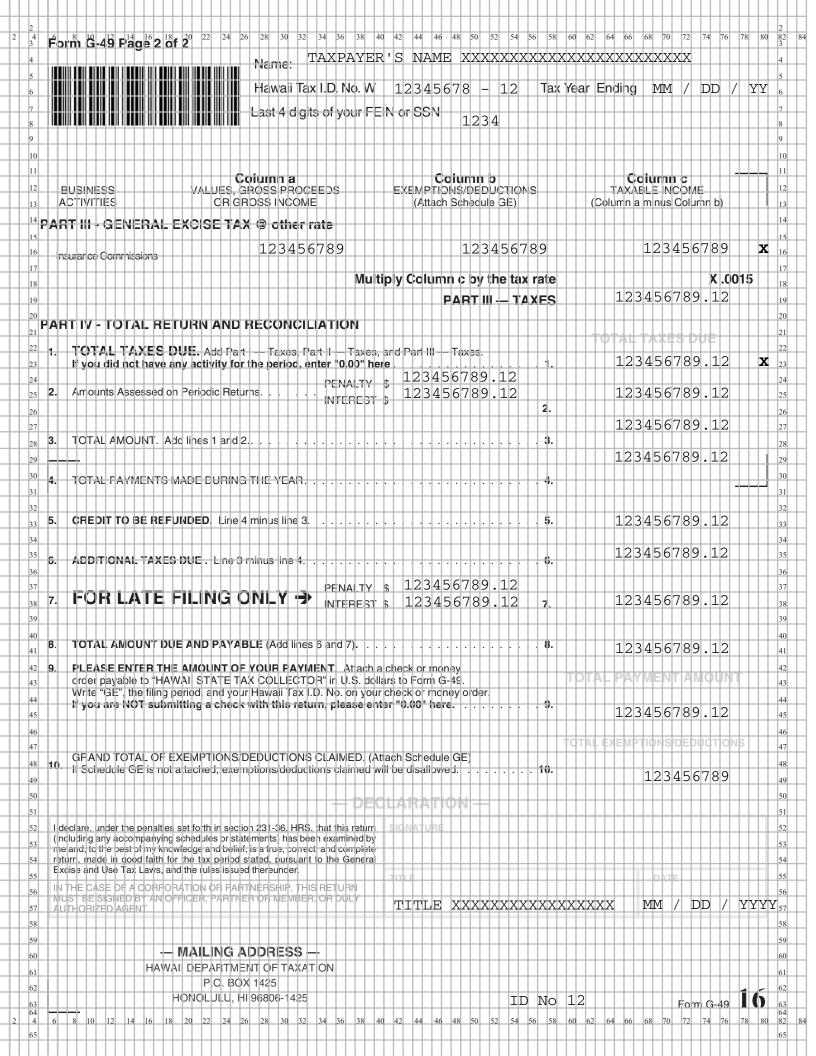
IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE	TITLE	DAT	E
	TITLE XXXXX	XXXXXXXXXX	MM / DD / YYYY

 $- \, {\tt MAILING} \, \, {\tt ADDRESS} \, - \,$

HAWAII DEPARTMENT OF TAXATION P.O. BOX 1425 HONOLULU, HI 96806-1425





DO NOT WRITE IN THIS AREA

16



TAX YEAR ENDING

GENERAL EXCISE/USE TAX ANNUAL RETURN & RECONCILIATION

NAME:

HAWAII TAX I.D. NO. **W** 12345678 - 12

MM / DD / YY

Last 4 digits of your FEIN or SSN 1234

	BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEEDS OR GROSS INCOME	Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	Column c TAXABLE INCOME (Column a minus Column b)	
Р	ART I - GENERAL EX	(CISE and USE TAXES @ 1/2 O	F 1% (.005)		
R	Wholesaling	123456789	123456789	123456789	X
• ATTACH CHECK OR MONEY ORDER HERE	Manufacturing	123456789	123456789	123456789	x
EY OF	Producing	123456789	123456789	123456789	x
MON	Wholesale Services	123456789	123456789	123456789	x
X OR	Use Tax on Imports For Resale At 4%	123456789	123456789	123456789	x
Ή				PART I — TAXI	ES
Ϋ́	Sum of the lines in	Column c above	123456789 X.005 =	123456789.12	1
ĕ₽	ART II - GENERAL E	XCISE and USE TAXES @ 4% (.	04)		
• AT	Retailing	123456789	123456789	123456789	x
	Services Including Professional	123456789	123456789	123456789	x
	Contracting	123456789	123456789	123456789	x
	Theater, Amusement and Broadcasting	123456789	123456789	123456789	x
	Interest	123456789	123456789	123456789	x
	Commissions	123456789	123456789	123456789	x
	Transient Accommodations Rentals	123456789	123456789	123456789	x
	Other Rentals	123456789	123456789	123456789	x
	All Others	123456789	123456789	123456789	x
	Use Tax on Imports For Consumption	123456789	123456789	123456789	x
				PART II — TAXI	ES

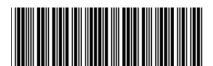
Sum of the lines in Column c above

123456789

X.04 =

123456789.12

Form G-49 Page 2 of 2



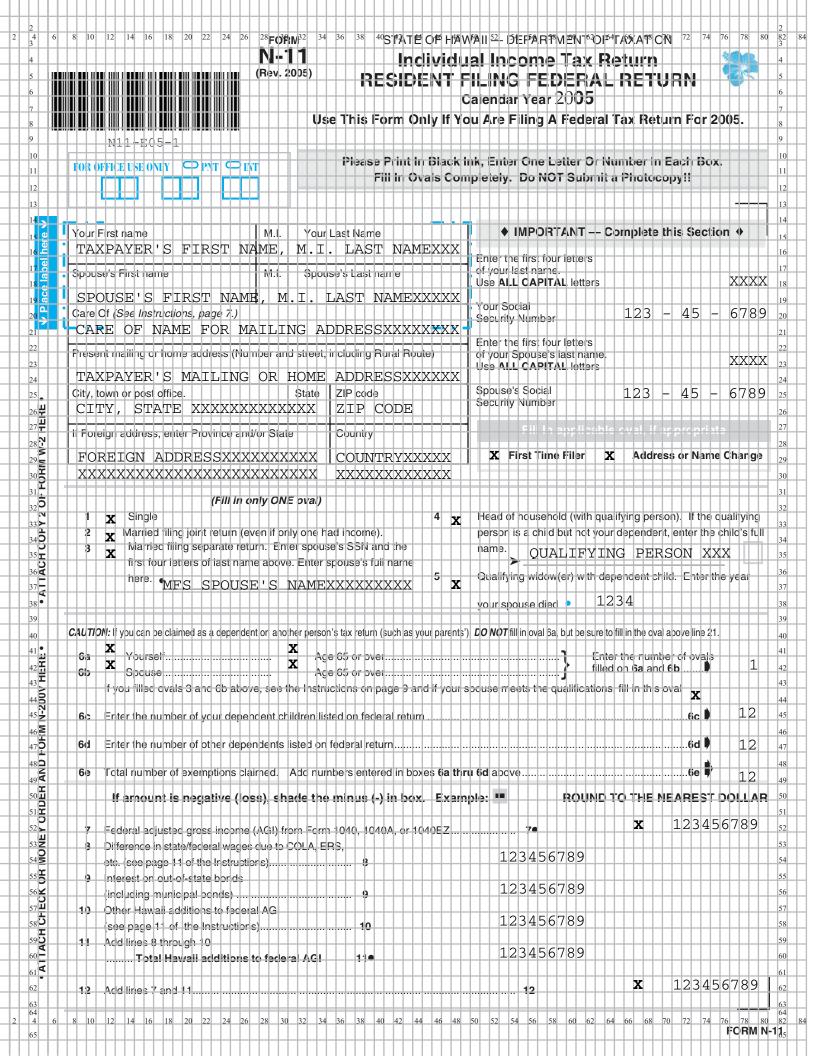
Name: TAXPAYER'S NAME XXXXXXXXXXXXXXXXXXXXXXXX

Hawaii Tax I.D. No. W 12345678-12 Tax Year Ending MM / DD / YY Last 4 digits of your FEIN or SSN 1234

	BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEEDS OR GROSS INCOME	Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	Column c TAXABLE INCOME (Column a minus Column b)	
PAF	RT III - GENERAL E	EXCISE TAX @ other rate			
Ins	surance Commissions	123456789	123456789	123456789	x
		Multi	iply Column c by the tax rate	X .001	5
			PART III — TAXES	123456789.12	
PAF	RT IV - TOTAL RET	TURN AND RECONCILIATION		TOTAL TAXES DUE	
1.	TOTAL TAXES D	UE. Add Part I — Taxes, Part II — Taxes,	and Part III — Taxes.	123456789.12	x
	•	ny activity for the period, enter "0.00" her	123/156789 12	123430709.12	Λ
2.	Amounts Assessed or	PENALTY N Periodic Returns INTEREST	\$ 123456789.12 \$ 2 .	123456789.12	
				123456789.12	
3.	TOTAL AMOUNT. Ad	ld lines 1 and 2		123456789.12	
4.	TOTAL PAYMENTS N	MADE DURING THE YEAR	4	123430707.12	
l	TOTALTATIMENTON			_	
5.	CREDIT TO BE REFU	JNDED. Line 4 minus line 3		123456789.12	
6.	ADDITIONAL TAXES	DUE . Line 3 minus line 4	6.	123456789.12	
		PENALTY	\$ 123456789.12		
7.	FOR LATE F	FILING ONLY INTEREST		123456789.12	
8.	TOTAL AMOUNT DU	E AND PAYABLE (Add lines 6 and 7)		123456789.12	
9.	order payable to "HAV	AMOUNT OF YOUR PAYMENT. Attach a VAII STATE TAX COLLECTOR" in U.S. dolli	ars to Form G-49.	TOTAL PAYMENT AMOUNT	
	Write "GE", the filing p	eriod, and your Hawaii Tax I.D. No. on your itting a check with this return, please ent	check or money order. er "0.00" here 9.	123456789.12	
				TOTAL EXEMPTIONS/DEDUCTIONS	
10.	GRAND TOTAL OF E	XEMPTIONS/DEDUCTIONS CLAIMED. (At attached, exemptions/deductions claimed w	tach Schedule GE) ill be disallowed 10.	123456789	
		— DEC	CLARATION —		
(income	cluding any accompanying and, to the best of my know urn, made in good faith for	set forth in section 231-36, HRS, that this return schedules or statements) has been examined by wledge and belief, is a true, correct, and complete r the tax period stated, pursuant to the General	SIGNATURE		
	,	d the rules issued thereunder. RATION OR PARTNERSHIP, THIS RETURN	TITLE	DATE	
		FICER, PARTNER OR MEMBER, OR DULY	TITLE XXXXXXXXXXX	XXXXXX MM / DD / Y	YYYY

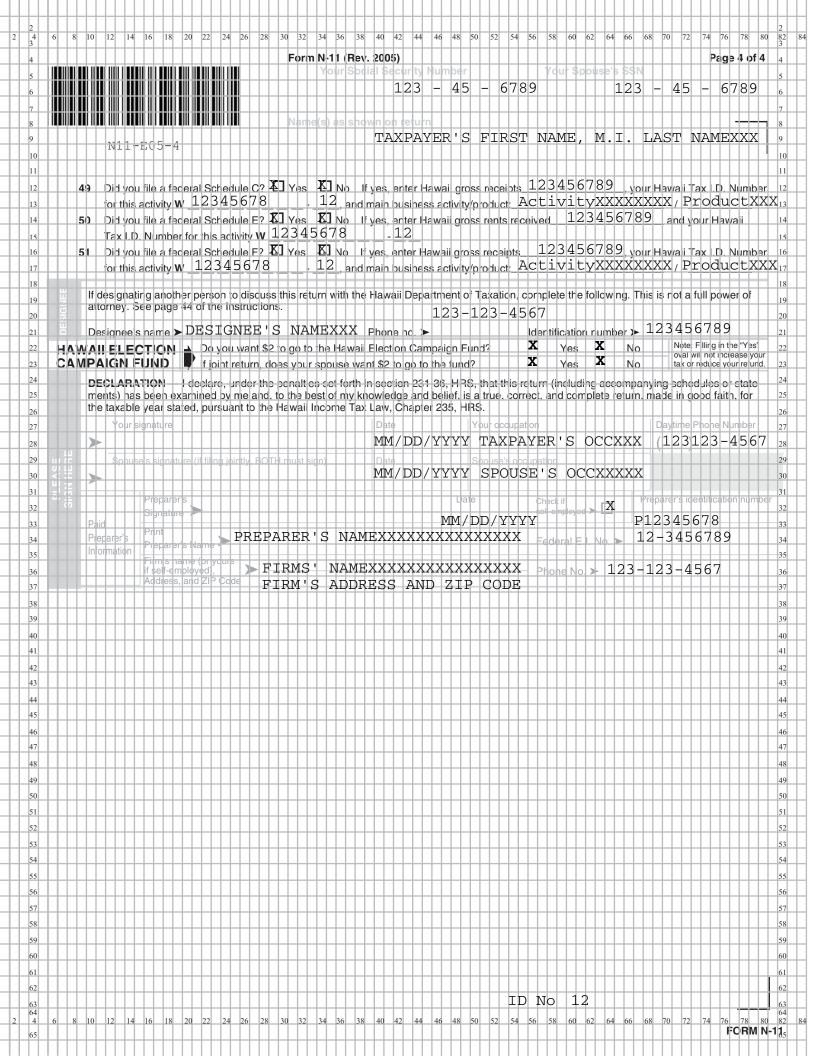
— MAILING ADDRESS —

HAWAII DEPARTMENT OF TAXATION P.O. BOX 1425 HONOLULU, HI 96806-1425



								2
4 6	8 10	12 14 16 18 20 22 24 26 28 30 32 34 36		46 48 50	52 54 56 58 60 62	64 66 68	70 72 74 76 78 80	3
4		Form N-11	(Rev. 2005) Social Security I	Number	Your \$pous	e's \$\$N	Page 2 of 4	4
5			123	- 45 -	- 6789	123 -	- 45 – 6789	6
7		Your		1120	0.02	123	15 0,05	7
8		Name(s) as	shown on return	n				8
9		N11-E05-2	TAXPAY	ZER'S E	FIRST NAME, M	.I. LA	AST NAMEXXX	9
10	++++				100456700		 	10
11	13	Pensions taxed federally but not taxed by Hawaii	13		123456789			11
12	14	Social security benefits taxed on federal return	14		123456789			12
14		First \$2,594 of military reserve or Fawaii national						14
15		guard duty pay	150		123456789			15
16					10015550			16
17		Payments to an individual housing account	16•		123456789			17
18	17	Exceptional trees deduction (attach affidavit)			123456789			18
20	18	/see page 14 of the Instructions)	170		123430703		 	19 20
21	1.3	(see pace 14 of the Instructions)	18		123456789			21
22	19	Acid lines 13 through 18						22
23		Total Hawaii subtractions from federal AC	31 190		123456789			23
24	+++					1	122456700	24
25	20	Line 12 minus line 19			AGI)► 200	X	123456789	25
26	CAUII	ÛÑ: li you can be claimed as a dependent or anoth	er person's return	ı, fili in this ot	vai 🔭 and see the ins	ructions on	page 15.	26
28	21	f you do not itemize your deductions, go to line 22	below Otherwise	go to page	15 of the Instructions			28
29		and enter your itemized deductions here.						29
30	21a	Medical and dental expenses			10015550			30
31	++++	(from Worksheet A-1)	21a•		123456789			31
32	0415	Taxes (from Worksheet A-2)	21b0		123456789			32
33	21b	Taxes (LOTT WORKSHEET A-2)	2100		123430703			33
35	21c	nterest expense (from Worksheet A-3)	21c0		123456789			35
36	ЩП							36
37	21d	Contributions (from Worksheet A-4)	21d0		123456789			37
38	04	Consults, and theff langua (from Maria Langua A C	2100		123456789		+++++++++++++++++++++++++++++++++++++++	38
40	21e	Casualty and theft losses (from Worksheet A-5	21e0		143430703			39
41	21f	Miscellaneous deductions 'from Worksneet A-6)	21f•		123456789			41
42								42
43	22	Itemized Deductions If line 20 s			20 of the			43
44		Enter (\$50,000 for married filing separa the Instructors. If not, add lines 2 fa	through 21°.	neet on bage 2			100456500	44
45	+++	larger > Standard Deduction shown below for Single \$1,500	or vour filing status. Head of household -	\$1,650	22●		123456789	45
46	++++	Vour / Married filling jointly or Qualifying	widow(er) \$1,900					46
48		Married filling separately — \$950						48
49	23	Line 20 minus line 22. (This line MUST be filled in)			230	x	123456789	49
50								50
51	24	Multiply \$1,040 by the total number of exemptions of		. I ^r you and	/or your			51
52	++++	spouse are blind, deaf, or disabled fill in the application. X Yourself X Spouse and see page 20 of			240		123456789	52
54	+++	Spouse and see page 20 of	uie iiistiuctions				103400709	53 54
55	25	Taxable Income. Line 23 minus line 24 (but not les	s thar zero) T	axable Inco	ome > 250		123456789	55
56								56
57	26	Tax. Fill in oval if from X Tax Table; X Tax Rate		om N-163; 2	K Form N-615; or X (apital Gain	s Tax Worksheet on	57
58	++++	page 29 of the Instructions. Enter the net capital ga			123456789			58
59	++++	from the Capital Gains Tax Worksheet, line 14 • X Include separate tax from Forms N-2, N-103	26a0	1 216 1/1 405			+++++++++++++++++++++++++++++++++++++++	59
60		N-586 cr N-814'	2, N-132 N-312, N		D. Tax: >► 260		123456789	61
62								62
					ID No 12			63
63 64	+++							64

2 4 6 8 1	12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42	44 46 48 50 52 54 56 58 60 62 64 66 68	70 72 74 76 78 80 8
4	Form N-11 (Rev. 2005)		Page 3 of 4 4
5		ty Number You' \$pouse's \$\$N	5700
6	12:	3 - 45 - 6789 123	- 45 - 6789 ₆
7			
8		urn	8
9		AYER'S FIRST NAME, M.I. L	AST NAMEXXX 9
10	1011-1103-3		1
11			1
12 27	Arnount from line 26 (Tax)		123456789 ₁
13			
14 23	Total nonrefundable tax credits (attach Schedule CR)	28	123456789
15			
16 29	Line 27 minus line 28 (but not less than zero)		123456789 ₁
17 30	Hawaii State Income tax withheld and tax withheld		
18	on IHA distribution	123456789	
19			
	2005 estimated tax navments	123456789	
21	2003 (3)11112 (3) (2)		2
	Arnount of estimated tax applied from 2004 return 320	123456789	
23	All Iculii of estimated tax applied from 2004 fettim 529		
	Arnount paid with extension(s)	123456789	
	Low-Income Refundable Tax Credit	123130703	2
	(attach Schedule X) DHS, etc. exemptions • 12 34•	123456789	
26 27 3/5		123430703	2
	Credit for Low-Income Household	123456789	
28	Renters (attach Schedule X)	123430709	2
29 36	Credit for Child and Dependen	123456789	2
30	Care Expenses (attach Schedule X)	123430703	3
31 37	Credit for Child Passenger Restraint	123456789	3
32	System(s) (attach a copy of the invoice)	TZ2420/89	3
33 38	Total refundable tax credits from	x 123456789	3
34	Schedule CR (attach Schedule CR)	X 123456789	3
35	╒┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋┋	nents and Cradits > 300 X	123456789
36 39	Acid lines 30 through 38	nents and Credits >> 390 X	123456789
37			123456789
38 40	f line 39 is larger than line 29, enter the amount OVERPAID (line	39 minus lir e 29) 40 0	
39 41	Arnount of line 40 to be applied to your	123456789	3
40	2006 ESTIMATED TAX	140400/89	4
41			102456700
42 4/2	Line 40 minus line 41	420	123456789
43 43	Contributions to (See Instructions)	Yourself Spouse	4
44	43a Hawaii Schools Repairs and Mainter ance Fund	• X \$2 • X \$2	4
45	43b Hawaii Public Libraries Fund	• X \$2 • X \$2	4
46	43c Domestic Violence / Child Abuse and Neglect Funds	• X \$5 • X \$5	4
47			4
48 44	Acid the arricunts relating to the filled ovals on lines 43a through 4.	3c and enter here 44	123456789 4
49 4.5 / 3	Arnount to be REFUNDED TO YOU (line 42 minus line 44).		4
50	f filling late, see page 26 of Instructions	45a●	123456789 s
51			5
52	b Routing number ■ 123456789	c Type: • X Shecking • X Savings	5
53		- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5
54	d Account number • 12345678912345678		5
55			5
56 46	AMOUNT YOU OWE (line 29 minus line 39). Send Form N-200V	with your payment 460	123456789 s
57 47			5
58	nstructions.) Do not include or line 40 or 46. Fill in		5
59	this sval if Form N-210 is attached ➤ • X	123456789	5
60			6
61 43	f you don't need Fawaii income tax forms mailed to you next year	r, fill in this cval to receive a preprinted label only	
62			
		ID No 12	
0.5			
63 64 4 6 8 1	12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42	44 46 48 50 52 54 56 58 60 62 64 66 68	70 72 74 76 78 80 8



ATTACH COPY 2 OF FORM W-2 HERE

• ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE •

Individual Income Tax Return RESIDENT FILING FEDERAL RETURN

Calendar Year 2005

Use This Form Only If You Are Filing A Federal Tax Return For 2005.

	FOR OFFICE USE ONLY PNT INT		nk, Enter One Letter Or Number npletely. Do NOT Submit a Photo	
ı	Your First name M.I.	Your Last Name	♦ IMPORTANT — Complet	e this Section ♦
	TAXPAYER'S FIRST NAME, Spouse's First name M.I. SPOUSE'S FIRST NAME, M. Care Of (See Instructions, page 7.)	M.I. LAST NAMEXXX Spouse's Last name .I. LAST NAMEXXXXX	Enter the first four letters of your last name. Use ALL CAPITAL letters Your Social Security Number	XXXX - 45 - 6789
	CARE OF NAME FOR MAILIN Present mailing or home address (Number and TAXPAYER'S MAILING OR F City, town or post office. CITY, STATE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d street, including Rural Route) HOME ADDRESSXXXXXX State ZIP code	Enter the first four letters of your Spouse's last name. Use ALL CAPITAL letters	XXXX - 45 - 6789
	If Foreign address, enter Province and/or State	e Country	Fill In applicable oval, i	if appropriate
	FOREIGN ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX COUNTRYXXXXX	X First Time Filer X Add	lress or Name Change
	1 X Single 2 X Married filing joint return (even if onl 3 X Married filing separate return. Enter first four letters of last name above here. MFS SPOUSE'S N	er spouse's SSN and the E. Enter spouse's full name	Head of household (with qualifying person is a child but not your dependent name. QUALIFYING PE Qualifying widow(er) with dependent your spouse died 1234	dent, enter the child's full
	6a Yourself	X Age 65 or over	Enter the number of filled on 6a a spouse meets the qualifications, fill in the	mber of ovals and 6b
	6c Enter the number of your dependent chi	Idren listed on federal return		6c • 12
	6d Enter the number of other dependents li	sted on federal return		6d • 12
	6e Total number of exemptions claimed.	Add numbers entered in boxes 6a thr	u 6d above	6e 🕨 12
	If amount is negative (loss), sha	ade the minus (-) in box. Exam	ple: ROUND TO THE	NEAREST DOLLAR
	 7 Federal adjusted gross income (AGI) fro 8 Difference in state/federal wages due to C etc. (see page 11 of the Instructions) 9 Interest on out-of-state bonds (including municipal bonds) 10 Other Hawaii additions to federal AGI (see page 11 of the Instructions) 	om Form 1040, 1040A, or 1040EZ COLA, ERS, 	·	123456789
	11 Add lines 8 through 10Total Hawaii additions to federa	al AGI 11●	123456789	

12 Add lines 7 and 11...... 12

123456789

X







Name(s) as shown on return

	III IIII IIIIII IIII IIII IIII IIII IIII	nown on return						
	N11-E05-2	TAXPAYER	₹'S	FIRST	NAME,	M.I.	LAST	NAMEXXX
13	Pensions taxed federally but not taxed by Hawaii	13		123	456789			
14	Social security benefits taxed on federal return	14		123	456789			
15	First \$2,594 of military reserve or Hawaii national	••						
15		450		123	456789			
	guard duty pay	15●						
16	Payments to an individual housing account	16●		1234	156789			
17	Exceptional trees deduction (attach affidavit)							
	(see page 14 of the Instructions)	170		1234	156789			
10	, , ,	17.			100,05			
18	Other Hawaii subtractions from federal AGI			122	156789			
	(see page 14 of the Instructions)	18		140,	±30709			
19	Add lines 13 through 18			400	456500			
	Total Hawaii subtractions from federal AGI	19●		1234	456789			
00	Line 40 minus line 40			4015 0		3	K 1:	23456789
20	Line 12 minus line 19							
CAUT	ION: If you can be claimed as a dependent on another	person's return, fill i	in this d	oval X	and see the	Instruction	s on page	15.
21	If you do not itemize your deductions, go to line 22 be	low. Otherwise go t	to page	e 15 of the	Instructions			
	and enter your itemized deductions here.							
21a	Medical and dental expenses							
	(from Worksheet A-1)	21a ●		1234	156789			
	(non vondicot / 1)							
21b	Taxes (from Worksheet A-2)2	21b●		1234	156789			
21c	Interest expense (from Worksheet A-3)2	21c●		1234	156789			
21d	Contributions (from Worksheet A-4)2	21d●		1234	156789			
21e	Casualty and theft losses (from Worksheet A-5)2	21e●		1234	156789			
21f	Miscellaneous deductions (from Worksheet A-6)	21f●		1234	156789			
22	Enter the larger of your: Itemized Deductions — If line 20 is more (\$50,000 for married filing separately Instructions. If not, add lines 21a thing Standard Deduction shown below for your: Standard Deduction Single — \$1,500 He Married filing jointly or Qualifying with Married filing separately — \$950	y), see the worksheet or rough 21f. rour filing status. ad of household — \$1,	OR	29 of the 2 2	2●		1:	23456789
23	Line 20 minus line 22. (This line MUST be filled in)			23	3●	2	K 1:	23456789
24	Multiply \$1,040 by the total number of exemptions cla	imed on line 6e If v	/OU and	d/or vour				
47	spouse are blind, deaf, or disabled, fill in the applicable	-	, ou and	a, or your				
	•	` '		_			1 .	03156700
	X Yourself X Spouse, and see page 20 of th	e instructions		24	i.		Ι.	23456789
25	Taxable Income. Line 23 minus line 24 (but not less to	than zero) Taxal	ble Inc	ome ➤ 2	5●		1:	23456789
26	Tax. Fill in oval if from X Tax Table; X Tax Rate S	chedule; X Form N	N-168;	X Form N	N-615; or	X Capital	Gains Tax	Worksheet on
	page 29 of the Instructions. Enter the net capital gain							
	from the Capital Gains Tax Worksheet, line 142	26a●		123	456789			
	(•X Include separate tax from Forms N-2, N-103, N		8. N-40)5.				
	N-586, or N-814)		-	•	S.		1 '	23456789
	14-500, OI 14-014)			. 1 a x 🔑 20	,-		Τ.	

Your Social Security Number Your Spouse's SSN

123 - 45 - 6789 123 - 45 - 6789



N11-E05-3

Name(s) as shown on return

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

123456789 123456789 123456789 30 Hawaii State Income tax withheld and tax withheld 123456789 on IHA distribution...... 30• 123456789 31 2005 estimated tax payments 31• 123456789 32 Amount of estimated tax applied from 2004 return 32• 123456789 34 Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions • 12 ... 34• 123456789 35 Credit for Low-Income Household 123456789 36 Credit for Child and Dependent 123456789 37 Credit for Child Passenger Restraint 123456789 38 Total refundable tax credits from X 123456789 123456789 X 123456789 40 If line 39 is larger than line 29, enter the amount OVERPAID (line 39 minus line 29) 40● 41 Amount of line 40 to be applied to your 123456789 123456789 43 Contributions to (See Instructions): Yourself •X \$2 Hawaii Schools Repairs and Maintenance Fund....... **X** \$2 43a **X** \$2 Hawaii Public Libraries Fund..... **X** \$2 43b Domestic Violence / Child Abuse and Neglect Funds.... • X \$5 •X \$5 43c 123456789 44 Add the amounts relating to the filled ovals on lines 43a through 43c and enter here 44 45a Amount to be **REFUNDED TO YOU** (line 42 minus line 44). 123456789 123456789 c Type: • X Checking • X Savings **b** Routing number **d** Account number 12345678912345678 123456789 46 AMOUNT YOU OWE (line 29 minus line 39). Send Form N-200V with your payment.... 46● Estimated tax penalty. (See page 27 of Instructions.) Do not include on line 40 or 46. Fill in 123456789 this oval if Form N-210 is attached ➤ • X 47• 48 If you don't need Hawaii income tax forms mailed to you next year, fill in this oval to receive a preprinted label only......

Your Social Security Number

Your Spouse's SSN

123 - 45 - 6789

MM/DD/YYYY

123 - 45 - 6789

P12345678

12-3456789



N11-E05-4

Paid

Preparer's

Information

Firm's name (or yours

if self-employed), Address, and ZIP Code Name(s) as shown on return

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX

Federal E.I. No. ➤

Phone No. ➤ 123-123-4567

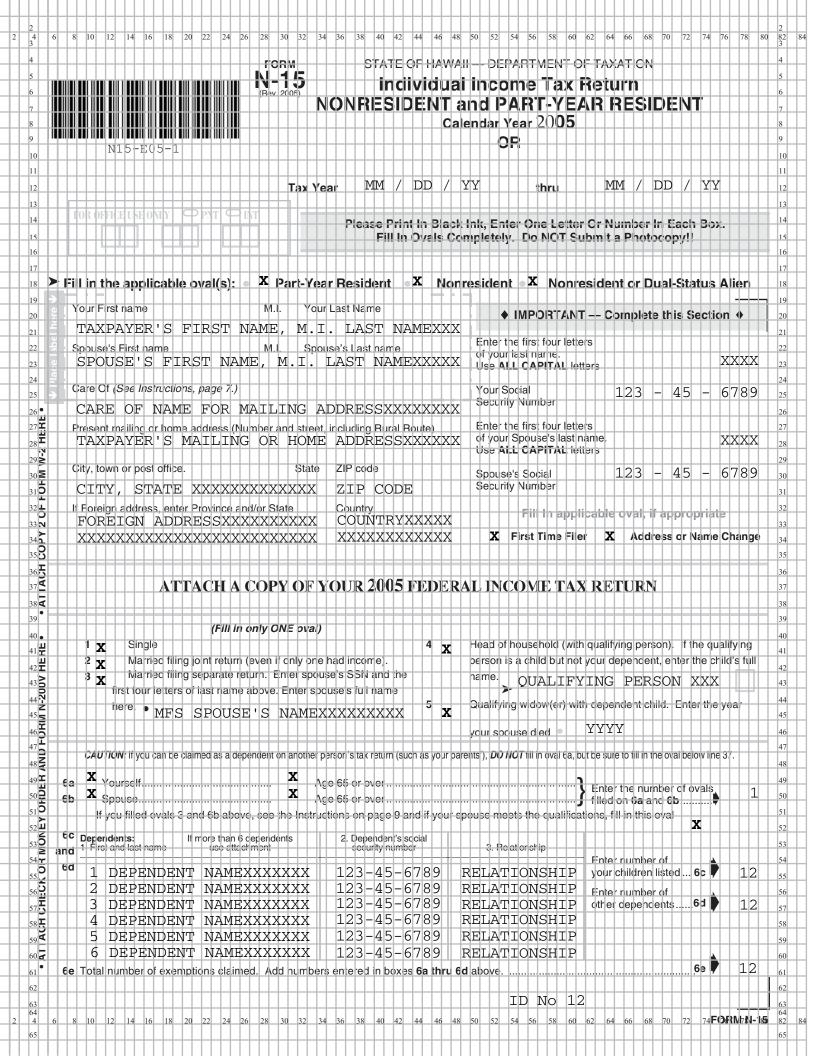
Did you file a federal Schedule C? \(\frac{1}{2}\) Yes \(\frac{1}{2}\) No If yes, enter Hawaii gross receipts \(\frac{123456789}{123456789}\), your Hawaii Tax I.D. Number for this activity **w** 12345678 50 Did you file a federal Schedule E? X Yes X No If yes, enter Hawaii gross rents received 123456789 and your Hawaii Tax I.D. Number for this activity **w** 12345678 _____ 12 51 Did you file a federal Schedule F? \(\bar{\text{L}} \) Yes \(\bar{\text{L}} \) No If yes, enter Hawaii gross receipts \(\bar{123456789} \), your Hawaii Tax I.D. Number for this activity **w** 12345678 If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of attorney. See page 44 of the Instructions. 123-123-4567 Identification number > 123456789 Designee's name ➤ DESIGNEE'S NAMEXXX Phone no. ➤ X Note: Filling in the "Yes" X HAWAII ELECTION

 □ Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes No oval will not increase your tax or reduce your refund. CAMPAIGN FUND If joint return, does your spouse want \$2 to go to the fund? Yes Nο DECLARATION — I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Your signature Date Daytime Phone Number Your occupation (123)123 - 4567MM/DD/YYYY TAXPAYER'S OCCXXX > Spouse's signature (if filing jointly, BOTH must sign) MM/DD/YYYY SPOUSE'S OCCXXXXX Preparer's Date Preparer's identification number Check if self-employed > X Signature >

PREPARER'S NAMEXXXXXXXXXXXXXXX

> FIRMS' NAMEXXXXXXXXXXXXXXX

FIRM'S ADDRESS AND ZIP CODE



2	2 4 3				1111																										1.71
	2	6 8	10 1	2 14	16 18	20 2	2 24	26	28 3	0 32	34	36	38 4	0 42	44	46	8 50	52 54	1 56	58	60 63	2 64	66	68	70 7:	2 7	4 76	78	80	2 82 3	84
	4		+++	+++		+++	+++	+			\square	Rev. 2		Н	+	+++						Ш	+			++	Page	+		4	\mathbb{H}
	5								FOI	11 14-	ur S	iev. z	Secu	ıritv	Numl	dei			You	ır Sbo	use's	s SSI				11	Page	20	4	5	\Box
Ш	6										Ш	П	12	23	- 4	5	- 67	789				12	3 -	- 4	5 -	- 6	578	9	П	6	П
	7								Nar	ne(s)	Ш	$+\!\!+\!\!\!+$	(T) N 37	. D V 1	755	1.0	T2 T 12	CITI :	N T 70 T	V(T)	1/4	-	T 2	C/III	NT IN	M	137373	7	+	7	Н
	9			N15-1	E05-2	2		•	11041	100		\rightarrow		-		-		ST I				-			=	MF	iXX	X	7	9	Н
	10						+++	+		+	- 11	amb					i, snac icome	de the I	nini	12 (·)	In bo				lavaii	i Inc	ome	\top	+	10	H
	11					Ш	Ш															Ш							П	11	П
	12	7	9	11	ries, tip	' I			1					Ш	#	12	2345	678	9	074		Ш		4	12	234	156	789	9	12	Н
	13	8			me fron	n the v	vorks	heel o	n pag	je 37	O	+		++	+	1 1	345	678	9		+++	++	+	+	12	234	156	789	a	13	Н
	14		ine in	structio	ns								+++	$\forall \exists$	+		1010	,0,0		80		++		+	1		100	, 0.	+	15	Н
	16	9	Ordin	ary div	idends									Ш		12	2345	678	9	90		Ш			12	234	156	789	9	16	П
	17	10	State	incorn	e tax re	fund fr	cm th	e wor	kshee	et on	Ш	#		Ш	#	1 /	2245	670				Ш		4	1.0		4 5 6	70	+	17	Н
	18		page	37 of t	he Instr	uctions	s							++	+		2345	678	9	100	+++	++	+	+	12	234	156	/8	1	18	Н
	19 20	11	Alimo	r v rece	eived		+++			+	Ш	+		Ш	+	12	2345	678	9	11	++	Ш	+	†	12	234	156	789	9	20	Н
	21					Ш	Ш				Ш			Ш	\blacksquare						Ш	Ш							П	21	П
	22	12			arm ind		1						\square	\square	X		2345	678	9	120	\square	$+\!\!+\!\!\!+\!\!\!\!+$	X		12	234	156	789	}	22	\mathbb{H}
	23 24	13	1 1 1	1 4 1	or (loss the Inst	1		vorksh	eet o	r	Н	+	++	++	x	11	345	678	9	110	++	+	×		113	234	156	789	}	23	H
	25	14	, ,		ne inst al gains					+			+++	Ш	25		10 10	,0,0			$\forall \dagger$	Ш		1	1		100	, 0.	#	25	Н
Ш	26		1 1 1 1		edule D	1 1 1									X	12	2345	678	9	14	Ш	Ш	X	2	12	234	156	789	9	26	П
+	27	+	$\sqcup \sqcup$	+++	+++	+++	+++			-	Ш	+	+++	Ш		1 /) 2 4 5	(70	0			Ш		Н	1.0	22.	150	700	+	27	Н
	28	15		listrib ut										Н	+	1 12	2345	678	9	150	+++	Ш	+	+	1 2	434	156	/8:	1	28	Н
	30	16			d annui				and	+	Ш	+		\Box	+	12	2345	678	9	160	++	Ш	+	†	12	234	156	789	9	30	Н
	31													Ш		Ш						Ш		П					П	31	П
	32	17	Rents,	royalties	, par ne r	snips, e	estates,	trusts	etc					Ш	X	12	2345	678	9	170		Ш	X	2	12	234	156	789	9	32	Н
	33	18	Urox	2010.00	ent corr		1	inour	200	+		+		Н	+	1 :	2345	678	9	100	++	++	+	+	12	234	156	789	a	33	H
	35	19		1 1	e (state	1								Ш				,0,70		109					1			, 0.		35	
-	36	-			ATUI	\rightarrow	\rightarrow	-							X	12	2345	678	9	196		Ш	X	2	12	234	156	789	9	36	Д
	37				XXX		XXX.			-		+		Ш	X	1 /	315	678	Q		+++	Ш	X		1 1	22/	156	700		37	\mathbb{H}
	38	20	_Add li	res 71	nrough	19			Total	neo	me			H	^	L	2040	0076	9	200	++	Ш		1	1 2	١٥٥	± 0 0	70.	+	38	Н
\neg	40	21	Educa	a or ex	penses											12	2345	678	9	21					12	234	156	789	9	40	
Ш	41	22	Certair	n busir e	ss expen:	ses of re	eservis	ts perf	orming	j artist	s, an	4		Ш	4	1	2245	670			Ш	Ш		\sqcup	1.0		156	700	+	41	Н
	42	++	fee-ba	sis gove	rnment of	fficials .								Н	+	1 12	2345	678	9	22	+++	Н	+	+	<u> </u>	434	156	/85	#	42	Н
\neg	43	23	IRA A	le ductio	n		++	+		+	Н	+	++	++	+	12	2345	678	9	23	++	++	+	+	12	234	156	789	9	43	\forall
	45	24			irteres	st deau	uction	from	the w	orksl	neet		Ш	Ш	\blacksquare						Ш	Ш								45	П
	46	-			of the Ir				-				\square	\square	$+\!\!+\!\!\!+$		2345	678	9	24	\square	$+\!\!+\!\!\!+\!\!\!\!+$	+	$oxed{+}$	12	234	156	789	}	46	\mathbb{H}
	47 48	0-	la - I	h	70 0 5		N	+	++	+	Н	+	++	++	+	11	345	678	9	7	++	+	+	+	1-	72,	156	720	+	48	H
	48	25	i-relait	u savin	gs acco	JUNE CIE	≠uucī	OI1		1							1040	, , , ,		45					112	' ر	- 00	, 0.	1	49	П
	50	26	Movir	ıü exbe	enses (a	attach	Form	N-139	9)				П	Ш		12	2345	678	9	26	Ш	Ш	П		12	234	156	789	9	50	П
	51			+	+++	+++	+	$+\!\!+$	H	+	Ш	$+\!\!+\!\!\!+$	H	++	$+\!\!+$	11) 2 /1 [678	0	++	H	$+\!\!+\!\!\!+\!\!\!\!+$	$+\!\!+$	+	1 1)) .	156	700	-	51	H
	52 53	27	Orle-I	half of s	elf-emi	oloyme	ent ta	x		+			+++	++	+		1045	0 / 8	ブ	9 27	++	+	+	+	1 12	ا ا	±⊃0	1 0 .	+	52	H
	54	28	Self-e	ernrilovi	ed healt	th insu	ırar ce	e dedu	ction		Ш					12	2345	678	9	28	Ш	Ш			12	234	156	789)	54	
Ш	55			117	Щ	Ш	Ш	\prod	Ш		Ш	\prod	Ш	Ш	\prod						Ш	Ш	П				455		\prod	55	Д
	56	29	Self-e	ernriloy	edSEP	, SIME	PLE, a	ınd ar	alified	d p a	ns		++	++	$+\!\!+\!\!\!+$		2345	678	9	29	H	+	+	+	12	234	156	/89	#	56	H
	57 58	30	Pena	lt / on a	ary wit	hdraw	al of	e duine		+	H	++	++	++	+	1	2345	678	9	30	++	++	+	+	12	234	156	789	}	57	H
	59				Entern:															30	Ш									59	
	60		NAMI	E OF	' AL	IOMI	JY .	REC	ΙPΊ	ΕN	Τ			Ш		12	2345	678	9	31	Ш	Ш	\prod		12	234	156	789	9	60	Д
	61				6789		+	+		+	H	+	++	++	$+\!\!+\!\!\!+$	1 ,)) / / -	678	0		H	+	+	+	1 -	72.	156	701		61	H
	62	32	Payrr	enis to	an indi	ıvidual	hous	ıng ac	count	+				++	+		1945	00/8	9	32	++	+	+	+	112	ا ا	βC±	10	7	62	H
	64	6 8	10 1	2 14	16 18	20 2	2 24	26	28 3	0 32	34	36	38 4	0 42	44	46	8 50	52 54	56	58	60 6	2 64	66	68	70 7	2 7	4 76	78	80	64	84
$+\!\!+\!\!\!+\!\!\!\!+$	65	-	+++	+++	+++	+++	+	$+\!\!+\!\!\!+$		-	Ш	$+\!\!+\!\!\!+$	\square	\square	+		+		4		\square	$+\!\!+\!\!\!+\!\!\!\!+$	+	$oxed{+}$	\coprod	FC	PIN	N-15	+	65	\mathbb{H}

	2						2
2	4 3	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36	38 40 42	44 46 48 50 52 54 56 58	60 62 64 66 68 70 72 74 76 78 80	82 84
+	3						3
+	4		Form N-15 (Rev.	2005)		Page 3 of 4	4
Щ	5		Maur Saci	al Security N	lumber Your St	nduse's SSN	5
	6			123 -	- 45 - 6789	123 - 45 - 6789	6
	_						
+	7			M 2 2 D 2 2/I	DIC ETDOM NAME	M.I. LAST NAMEXXX	7
+	8		NI5-E05-3	TAXPAYE	ER'S FIRST NAME,	M.I. LAST NAMEXXX	8
\perp	9						9
	10	33	First \$2,594 of military reserve or Hawaii national				10
	11	ПП	guard duty pay		123456789	123456789	11
		34	Exceptional trees deduction (attach affidavit)				$\overline{}$
-	12		(see page 19 of the Instructions)		100456700 340	100456700	12
-	13	++++	(60, 143,616, 511,614,616,614,616,614,614,614,614,614,6		123456789	123456789	13
\perp	14						14
	15	35	Acd lires 21 through 34 Total Adjustments		123456789	123456789	15
	16						16
		36	Line 20 minus line 35 Adjusted Gross Income	3	123456789	x 123456789	
+	17	37	Ratio of Hawaii AGI to Total AGI.		123430703	123430703	17
+	18		Divice ine 36, Courn E, by line 36, Column A (Compute t	o 2 decimal n	Jacob and round to 2 doc mal no	2002)	18
Щ	19	ШШ					19
	20		CAUTION. If you can be claimed as a dependent on ar			id see the Instructions on page 19.	20
	21	38	If you do not itemize deductions, enter zero on line 39 a	nd go to line 4	40ર્શ.		21
\top		Ш	Otherwise go to page 19 of the Instructions and enter ye	our Hawaii ite	rhized deductions here.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
+	22	38a	Medical and denial expenses	 		TOTALITEMIZED	22
+	23	T-T	(from Worksheet NR-1 or PY-1)	85.4	10045550	DEDUCTIONS	23
Ш	24	ЩЦ	THE TRANSPORT OF THE LETTER TO THE TENT OF		123456789		24
	25		<u></u>		<u> </u>	39 If line 36. Column B is more than	25
	26	385	Taxes (from Worksheet NFI-2 or PY-2)	8b•	123456789	\$100,000 (\$50,000 for married	26
$\neg \neg$	27						27
		38c	Interest expense (from Worksheet NR-3 or PY-3)	880	123456789	filing separately) see the	
+	28				123436769	worksheet on page 40 of the	28
4	29	004	Contributions (from Montribut at ND 4 or DV 4)			Instructions, If not, add lines 38a	29
	30	38d	Contributions (from Worksheet NR-4 or PY-4)	out	123456789	through 38f. Enter total here and	30
	31	38e	Casualty and theft losses			ao to line 4:1	31
	32	ПП	(from Worksheet NR-5 or FY-5)	88e •	123456789		32
		38 f	Miscel aneous deductions				
+	33		(from Worksheet NR-6 or FY-6)	38f•	123456789	123456789	33
+	34	++++			123430709	123430709	34
+	35	4100	If you checked tiling status box:				35
Щ	36	410 a					36
	37		1, enter \$1 500 3, enter \$950				37
	38		2 or 5, enter \$1,900 4, enter \$1,650 1	.40a	123456789	Provated Standard Deduction	38
		$\Box\Box$				123456789	
+	39	4.0lb	Multiply line 40a by the ratio on line 37		>+40b•		39
+	40						40
4	41	41	Lista CC Callery Business libra CC as 40k stabilitation and	liaa (Thia liva	NALUSTI NA GLANIA	x 123456789	41
	42	41	Line 36, Column B minus line 39 or 40b, whichever app	'	1		42
	43	42a	Multiply \$1,040 by the total number of exemptions claim	ed on line 6e	. If you and/or your spouse are	blind, deaf, or d sab ed,	43
			fill in the applicable cval(s)	ouse:			44
+	44	HH	and see page 25 of the Instructions		123456789	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
+	45	+++			123430769	100456700	45
\perp	46	(10)s	Multiply line 42a by the ratio an line 27		Provided Exampliants (2)	123456789	46
Ш	47	425	Multiply line 42a by the ratio on line 37	-	Totaled Exemplicities > 420		47
	48		<u></u>		<u> </u>	123456789	48
	49	43	Taxable Income. Line 41 minus line 42b (but not less the	han zerc)	Taxable Income > 43		49
		44	Tax. Fill in oval il from: X Tax Table; X Tax Flate S	chedule: 😼	Form N-168; 😿 Form N-615;	or 🗶 Capital Gans Tax Worksheet on	
+	50	+++	page 40 of the Instructions Enter the net capital gain			+	50
+	51	HH	from the Capital Gains Tax Worksheet, line 14	49.0	123456789		51
Щ	52	ЩЦ			1212 11405		52
	53		nc ude separate lax from Forms N-2, N-103, N-	152, N-312, N			53
	54		N-586, or N-314)		Тεх ➤ 440	123456789	54
							55
\top	55	45	Total ronrefundable tax cred ts (attach Schedule CR)			123456789	56
+	56	+++		 		12040000	
+	57	46	Line 44 minus line 45 (but not less than zero)	++++++++++++++++++++++++++++++++++++	Balance >- 46	100455500	57
\perp	58				Jene 196 7 40	123456789	58
	59	47	Hawaii State Income tax withheld, and				59
	60		tax withheld on Forms N-2 or N-4	47 🖣	123456789		60
П	61	48	2005 estimated tax payments on				61
\top		Ш	Forms N-1 12345; N-288A 12345	48	123456789	 	
+	62	+++		 	123430709	TD N10 10	62
+	63 64	HH			+++++++++++++++++++++++++++++++++++++++	ID No 12	63
2	4	6 8	10 12 14 16 18 20 22 24 26 28 30 32 34 36	38 40 42	44 46 48 50 52 54 56 58	60 62 64 66 68 70 72 74 76 78 80	82 84
Ш	65	ШЦ				FORM N-15	65

1	Form N-15 (Rev. 2005) Page 4 of 4
5	Vour Social Security Number Your Spouse's SSN
5	1 23 - 45 - 6789
	TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX
	NIS-EUS-4
0	
1 49	Amount of estimated tax applied from 2004 return490 123456789
2	
50	
4 51	Low-Income Refundable Tax Credit
5 52	(attach Schedule X) DHS, etc. exemptions 12 123456789 Credit for Low-Income Household
6	
53	
.8	Expenses (attach Schedule X)
9 20 54	
21	System(s) (attach a copy of the invoice)
55	Total refundable tax credits from
23	Schedule CR (attach Schedule CR)
24	Add lines (7) through 55
	Acd lines 47 through 55
57	If line 56 is larger than line 46, enter the amount OVERPAID (line 56 minus line 46)
.7 5.8	
29	your 2006 E:STIMATED TAX
30	
59	Line 57 minus line 58
60	Contributions to (See Instructions): Yourself Spouse
3	60a Hawaii Schools Repairs and Maintenance Fund
34	60b Hawaii Public Libraries Fund
61	60c Domestic Viclence / Child Abuse and Neglect Funds
60	
37 0 2	see page 30 of Instructions
9	
63	AMOUNT YOU OWE: (line 46 minus line 56). Send Form N-200V with your payment
64	
12	Do not include this amount in line 57 or 63. Fill in 123456789
13 65	this oval if Form N-210 is attached > 🗶
14	If designating another person to discuss this return with the Hawaii Department of Taxation, complete the following. This is not a full power of
15 H	attorney. See page 31 of the instructions. 123-123-4567
16	Designee's name > DESIGNEE'S NAMEXXX Phone ro. > Identification number > 123456789
	WALLET ECTION - Do you want \$2 to go to the Hawaii Flection Campaign Fund? Y Yes Y No Note Filling in the "Yes"
	MPAIGN FUND If joint return coes your spouse want \$2 to go to the fund? X Yes X No tak or reduce your return.
50	DECLARATION I declare, under the benalt es set forth in section 231-36, HRS, that this return (including accompanying schedules or state-
51	ments) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for
52	the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS. Your signature Daytime Phone Number
53	
4	► MM/DD/YYYY TAXPAYER'S OCCXXX (123123-4567 Spouse's signature (if filling jointly, BOTH must sign) Date Spouse's occupation
55 UI 15	MM/DD/YYYY SPOUSE'S OCCXXXXX
57	
58	Preparer's Signature Signature
59	Paid MM/DD/YYYY P12345678
50	Pedarer's Predarer's Name > PREPARER'S NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
51	Information Films hame (bryours Information Films hame (bryours Information Films hame (bryours Information Inform
52	if self-emoloyed. FIRM'S NAMEXXXXXXXXXXXXXXXXXXX Phone No > 123-123-4567
53 54	FIRM'S ADDRESS AND ZIP CODE



ATTACH CHECK OR MONEY ORDER AND FORM N-200V HERE

FORM N-15 (Rev. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Individual Income Tax Return NONRESIDENT and PART-YEAR RESIDENT

Calendar Year 20**05** OR

MM / DD / YY MM / DD / YY Tax Year thru

FOR O	FFICE USE	ONLY	O PNT	

Please Print In Black Ink, Enter One Letter Or Number In Each Box. Fill In Ovals Completely. Do NOT Submit a Photocopy!!

	st name	C ETDCM		ur Last Name		♦ IMPORTANT –	- Complete this Section ♦
TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXXX Spouse's First name SPOUSE'S FIRST NAME, M.I. LAST NAMEXXXXX						Enter the first four letters of your last name. Use ALL CAPITAL letters	s XXX
	•	uctions, page 7.)	MAILING .	ADDRESS	XXXXXXXX	Your Social Security Number	123 - 45 - 678
Present mailing or home address (Number and street, including Rural Rout TAXPAYER'S MAILING OR HOME ADDRESSXXX						Enter the first four letters of your Spouse's last nam Use ALL CAPITAL letters	
City, tov	n or post o	office.	State	ZIP code		Spouse's Social	123 - 45 - 678
CIT	, STA	TE XXXXX	XXXXXXX	ZIP C	ODE	Security Number	
		enter Province a		Country COUNT	RYXXXX	Fill In applica	able oval, if appropriate
XXX	XXXXX	XXXXXXXX	XXXXXXX	XXXXX	XXXXXXX	X First Time Filer	X Address or Name Cha

ATTACH A COPY OF YOUR 2005 FEDERAL INCOME TAX RETURN

	(Fill in only ONE oval))			
	1 X Single 2 X Married filing joint return (even if only one married filing separate return. Enter spot first four letters of last name above. Enter spot here. • MFS SPOUSE'S NAME:	use's SSN and the pouse's full name	person is a child but not name. QUALIFY Qualifying widow(er) with	qualifying person). If the qualify your dependent, enter the child's TING PERSON XXX h dependent child. Enter the yea	full
	CAUTION: If you can be claimed as a dependent on another	person's tax return (such as your	parents'), DO NOT fill in oval 6a, bu	ut be sure to fill in the oval below line 37.	
6a 6b	X Yourself		_	Enter the number of ovals filled on 6a and 6b	1
6c and	Dependents: If more than 6 dependents	Dependent's social security number	3. Relationship	X	
6d		123-45-6789	RELATIONSHIP	Enter number of your children listed 6c	12
	2 DEPENDENT NAMEXXXXXXX 3 DEPENDENT NAMEXXXXXXX	123-45-6789 123-45-6789	RELATIONSHIP RELATIONSHIP	Enter number of other dependents6d	12
	4 DEPENDENT NAMEXXXXXX 5 DEPENDENT NAMEXXXXXXX	123-45-6789 123-45-6789	RELATIONSHIP RELATIONSHIP	,	
6e	6 DEPENDENT NAMEXXXXXX Total number of exemptions claimed. Add numbe	$\begin{vmatrix} 123-45-6789 \end{vmatrix}$ ers entered in boxes 6a thru	RELATIONSHIP 1 6d above	6e 🏓	12

Name(s)

Your Social Security Number 123 - 45 - 6789

Your Spouse's SSN 123 - 45 - 6789

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX-

If amount is negative (loss), shade the minus (-) in box. Example:

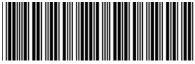
	ii dillo	•	otal Income	5 () BOX.	•	awaii Income
7	Wages, salaries, tips, etc. (attach Form(s) W-2)		123456789	70		123456789
8	Interest income from the worksheet on page 37 of the Instructions		123456789	8•		123456789
9	Ordinary dividends		123456789	9•		123456789
10	State income tax refund from the worksheet on page 37 of the Instructions		123456789 1	10•		123456789
11	Alimony received		123456789	11		123456789
12	Business or farm income or (loss)	x	123456789	12•	x	123456789
13	Capital gain or (loss) from the worksheet on page 37 of the Instructions	x	123456789	13•	x	123456789
14	Supplemental gains or (losses) (attach Schedule D-1)	x	123456789	14	x	123456789
15	IRA distributions		123456789 1	15•		123456789
16	Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40)		123456789	16•		123456789
17	Rents, royalties, partnerships, estates, trusts, etc	x	123456789	17●	x	123456789
18	Unemployment compensation (insurance)		123456789 1	18•		123456789
	Other income (state nature and source) STATE NATURE OF OTHER	x	123456789	19•	x	123456789
20	INCOME XXXXXXXXXXXXXXX Add lines 7 through 19Total Income	x	123456789 2	20•	x	123456789
21	Educator expenses		123456789	21		123456789
22	Certain business expenses of reservists, performing artists, and		102456700	22		123456789
	fee-basis government officials		102456500			123456789
23 24	IRA deduction Student loan interest deduction from the worksheet		123430709	23		123430709
24	on page 41 of the Instructions		123456789	24		123456789
25	Health savings account deduction		123456789	25		123456789
26	Moving expenses (attach Form N-139)		123456789	26		123456789
27	One-half of self-employment tax		123456789	27		123456789
28	Self-employed health insurance deduction		123456789	28		123456789
29	Self-employed SEP, SIMPLE, and qualified plans		123456789	29		123456789
30	Penalty on early withdrawal of savings		123456789	30		123456789
	Alimony paid (Enter name and SS No. of recipient) NAME OF ALIMONY RECIPIENT 123-45-6789		123456789	31		123456789
	Payments to an individual housing account		123456789	32●		123456789



Name(s)

TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX -

	N15-E05-3		
33	First \$2,594 of military reserve or Hawaii national		
	guard duty pay	123456789 ³³	123456789
34	Exceptional trees deduction (attach affidavit)		
	(see page 19 of the Instructions)	123456789 ³⁴	123456789
35	Add lines 21 through 34Total Adjustments	123456789 ³⁵	123456789
36 37	Line 20 minus line 35Adjusted Gross Income > Ratio of Hawaii AGI to Total AGI.	x 123456789 •36•	x 123456789
	Divide line 36, Column B, by line 36, Column A (Compute to 3 decimal CAUTION : If you can be claimed as a dependent on another personal part of the column and the column		
38	If you do not itemize deductions, enter zero on line 39 and go to lin		
	Otherwise go to page 19 of the Instructions and enter your Hawaii	itemized deductions here.	
38a	Medical and dental expenses		TOTAL ITEMIZED
	(from Worksheet NR-1 or PY-1)38a•	123456789	DEDUCTIONS
38b	Taxes (from Worksheet NR-2 or PY-2)38b	123456789	39 If line 36, Column B is more than \$100,000 (\$50,000 for married
38c	Interest expense (from Worksheet NR-3 or PY-3)38c •	123456789	filing separately), see the worksheet on page 40 of the
38d 38e	Contributions (from Worksheet NR-4 or PY-4)38d Casualty and theft losses	123456789	Instructions. If not, add lines 38a through 38f. Enter total here and
	(from Worksheet NR-5 or PY-5)38e•	123456789	go to line 41
38f	Miscellaneous deductions	123430709	
	(from Worksheet NR-6 or PY-6)38f	123456789	123456789
40a	If you checked filing status box: 1, enter \$1,500 2 or 5, enter \$1,900 4, enter \$1,65040a	123456789	Prorated Standard Deduction
			123456789
40b	Multiply line 40a by the ratio on line 37	≻ 40b●	
41	Line 36, Column B minus line 39 or 40b, whichever applies. (This I	ine MUST be filled in)	x 123456789
42a	Multiply \$1,040 by the total number of exemptions claimed on line		nd, deaf, or disabled
	fill in the applicable oval(s) X Yourself X Spouse	, ,	,,,
	and see page 25 of the Instructions42a	123456789	
		123430769	123456789
42b	Multiply line 42a by the ratio on line 37	Prorated Exemption(s) ➤ 42b•	123130703
			123456789
43	Taxable Income. Line 41 minus line 42b (but not less than zero)		
44	Tax. Fill in oval if from: X Tax Table; X Tax Rate Schedule;	X Form N-168; X Form N-615; or	X Capital Gains Tax Worksheet on
	page 40 of the Instructions. Enter the net capital gain	123456789	
	from the Capital Gains Tax Worksheet, line 1444a	N 219 N 405	
	(X nclude separate tax from Forms N-2, N-103, N-152, N-312 N-586, or N-814)		102456700
	17 300, 01 17 017,	Tax > Tax	123456789
45	Total nonrefundable tax credits (attach Schedule CR)	45	123456789
46	Line 44 minus line 45 (but not less than zero)	Balance ➤ 46	123456789
47	Hawaii State Income tax withheld, and		123430/89
	tax withheld on Forms N-2 or N-447	123456789	
48	2005 estimated tax payments on	123130,03	
	Forms N-1 12345; N-288A 1234548•	123456789	
			ID No 12



Your Social Security Number Your Spouse's SSN 123 - 45 - 6789

Name(s) TAXPAYER'S FIRST NAME, M.I. LAST NAMEXXX ——

	N15-	E05-4					
49	Amount of	estimated tax applied from 2004 return49	•	123456789)		I
50	Amount pai	d with extension(s)50)•	123456789			
51	Low-Incom	e Refundable Tax Credit		123430709			
	(attach Sch	edule X) DHS, etc. exemptions 12 51	•	123456789			
52	Credit for L	ow-Income Household		120100703			
	Renters (at	tach Schedule X)52	20	123456789			
53		hild and Dependent Care					
		attach Schedule X)53	30	123456789)		
54		child Passenger Restraint					
		(attach a copy of the invoice)54		123456789)		
55		dable tax credits from CR (attach Schedule CR)					
	Scriedule C	r (attach Schedule CH)	²⁵ X	123456789)		
56	Add lines 4	7 through 55	Total Pay	ments and Credits)	> 56●	x	123456789
57	If line 56 is	larger than line 46, enter the amount OVERPA	ID (line 56 min	us line 46)	57•		123456789
58		ine 57 to be applied to					143430107
	your 2006 I	ESTIMATED TAX58	80	123456789			
		nus line 58			59•		123456789
60		ons to (See Instructions):	Yours	•			
		ii Schools Repairs and Maintenance Fund					
		ii Public Libraries Fund					
61		estic Violence / Child Abuse and Neglect Fund counts relating to the filled ovals on lines 60a th			61		1.0
		pe REFUNDED TO YOU (line 59 minus line 61	-	CHICI HOIC	01		12
-		0 of Instructions			62•		123456789
63 64		YOU OWE (line 46 minus line 56). Send Form Nax penalty. (See page 30 of Instructions.)	N-200V with yo	ur payment	63•		123456789
•		ude this amount in line 57 or 63. Fill in		123456789			
		Form N-210 is attached > • x64		123430709			
65		d like us to mail you a packet of forms for next y		ase fill in this oval			x
	If designat	ing another person to discuss this return with th	ne Hawaii Depa	artment of Taxation, o	complete the follow	wing. This	
	attorney. S	See page 31 of the Instructions.		123-123-45	67		
	Designee's	^{s name} ➤ DESIGNEE'S NAMEXXX	X Phone no		Identification	number >	123456789
	NAII ELE		vaii Election Ca	ampaign Fund?	X Yes	X No	Note: Filling in the "Yes" oval will not increase your
CAI	MPAIGN F	If joint return, does your spouse	want \$2 to go	to the fund?	X Yes	X No	tax or reduce your refund.
	ments) has	ATION — I declare, under the penalties set forth is been examined by me and, to the best of my be year stated, pursuant to the Hawaii Income Ta	knowledge and	l belief, is a true, corr			
	Your signate	ure	Date	Your occupat	tion		Daytime Phone Number
	>		MM/DD/	YYYYY TAXPA	YER'S OC	CXXX	(123)123-4567
#	Spouse's sign	gnature (if filing jointly, BOTH must sign)	Date	Spouse's occ			(123)123 1307
	>		MM/DD/	YYYYY SPOUS	•	XXXX	
		Preparer's		Date	Check if	Pre	parer's identification number
		Signature			self-employed ➤ 🖸	X	
	Paid	Print		MM/DD/YYY			12345678
	Preparer's Information	Preparer's Name > PREPARER'S NAME	MEXXXXX	XXXXXXXXX	Federal E.I. No	. > 12	-3456789
	miomiation	Firm's name (or yours if self-employed),		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone No >	100 1	22 4567 1
		I IIII D IIIII			Phone No. ➤	LZ3-12	23-456/
		FIRM'S ADD	VEDO WIN	D TIP CODE			



18 20

Schedule CR (Rev. 2005)

6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50

30 32 34 36 38

STATE OF HAWAII-DEFARTMENT OF TAXATION

SCHEDULE OF TAX CREDITS

54 56 58 60 62 64 66 68 70 72 74 76

TAX YEAR

MM / DD / YYYY MM / DD / or other tax year beginning and ending Name(s) as shown on return SSN(s) or Federal Employer I.D. No. FIRST NAME XXXXXXX TAXPAYER'S LAST NAME, 123456789 Nonrefundable Tax Credits Part I 1 Income tax paid to another state or foreign country (N-11, N-12, N-15, & 123456789 123456789 2 Carryover of the Energy Conservation Tax Credit (attach Form N-157) ... 3 Enterprise Zone Tax Credit (attach Form N-756) 30 123456789 123456789 4 Low-Income Housing Tax Credit (attach Form N-586)................ 30 5 Credit for Employment of Vocational Renabilitation 123456789 Referrals (attach Form N-884) 123456789 6 High Technology Business Investment Tax Credit (attach Form N-318) 123456789 Individual Development Account Contribution Tax Credit (attach Form N-320) 123456789 3 Technology Infrastructure Renovation Tax Credit (attach Form N-326)....... 123456789 9 Credit for School Repair and Maintenance (attach Form N-330) 123456789 11 Carryover of the Residential Construction and Remodeling Tax 110 123456789 Credit (attach Form N-332) Renewable Energy Technologies Income Tax Credit (attach Form N-334) Fill in the appropriate oval to indicate the type of energy system installed and placed in service. Solar Thermal Wind Powered Photovoltaic..... 12• X X 123456789 13 Ko Olina Fesort and Marina Attractions and Educational 123456789 Facilities Tax Credit (attach Form N-335) 13 14 Total Nonrefundable Credits. Add Lines 1 through 13. Enter here and on Form N-11, Line 28, N-12, Line 43, N-15, Line 45, N-30, Line 12, or N-70NP, Line 15. Attach this schedule directly behind your Form N-11, 123456789 IN-12, N-15, N-30, OF IN-70INP.14 ID No 12 SCHEDULE OR Page 1

4 5	Schedule CR (Rev. 2005)		Page 2
	Name(s) as shown on return		SSN(s) or Federal Emp over LD. N
CR-E05-02	TAXPAYER'S LAST NAME, FIRST NAME XXXXXXX		123456789
10			
Part II Refundable Ta	ox Credits		
If anount is a peciativ	ve, shade the minus (-) in the box. Exam	nla.	
4	/e, silauv iis iiii us (-) iii iile uot. =.taii	μ9	
15 Capital Goods Evoise Tay Cre	dt (attach Form N-312)	15•	123456789
16 119 Capital Goods Excise Tax Ore	G ((a.t.a) 1 (711111 - 512)		
18 16 Fue Tax Credit for Commercia	al Fishers (attach Form N-163)	16•	123456789
19			
20 17 Hotel Construction and Remo	deling Tax Credit (attach Form N-314)	170	123456789
21 I Moter Construction and Remot			
	ction Income Tax Credit (attach Form I	J-316) 18•	123456789
24			
25 19 Tax Credit for Research Activi	ties (altach Form N-319)	19•	123456789
27			123430703
20 Drought Mitigating Water Stor	age Facility Income		
²⁹ Tax Čredit (attach Form N-328		2:0•	123456789
30			
21 Ethanol Facility Tax Credit (att	ach Form N-324)	2:1●	123456789
33			
22 Other refundable credits			
a. Pro rata share of laxes wit			
and paid by a parinership,			
estate trust, or S corporat the sale of Hawaii real pro			
interests ······	1234	56789	
b. Credit From a Regulated			
Irvestment Company ······	······································	56789	
43			102456700
4 c. Add ines 22a and 22b		220:	x 123456789
46			
	dc Lines 15 through 21 and Line 22c. E 38; N-12, Line 53; N-15, Line 55;	nter	
N 20 Line 14(d): or N 70ND 1	ine 17(d). Attach this schedule directly	,	x 123456789
behind your Form N-11 IN-12,		23	A 123430709
51			
32			
53 54			
55			
56			
57			
58			
50			
51			
52		TT NT - 1 C	
53 Page 2		ID No 12	
64 4 6 8 10 12 14 16 18 20 22 24 26	28 30 32 34 36 38 40 42 44 46 48 50	52 54 56 58 60	62 64 66 68 70 72 74 76 78 80



Schedule CR (Rev. 2005)

STATE OF HAWAII—DEPARTMENT OF TAXATION

SCHEDULE OF TAX CREDITS

TAX YEAR

MM / DD / YYYY or other tax year beginning _

and ending

MM / DD / YYYY

Name(s) as shown on return

TAXPAYER'S LAST NAME, FIRST NAME XXXXXXX

SSN(s) or Federal Employer I.D. No. 123456789

Attach this schedule directly behind Form N-11, N-12, N-15, N-30, or N-70NP

Part I Nonrefundable Tax Credits				
1	Income	tax paid to another state or foreign country (N-11, N-12, N-15, &		,
		of filers)	l•	123456789
2	Carryov	er of the Energy Conservation Tax Credit (attach Form N-157) 2	2•	123456789
3	Enterpri	se Zone Tax Credit (attach Form N-756)	3 ●	123456789
4	Low-Income Housing Tax Credit (attach Form N-586)			123456789
5		or Employment of Vocational Rehabilitation Is (attach Form N-884)5	5●	123456789
6	High Te	chnology Business Investment Tax Credit (attach Form N-318)	6 ●	123456789
7	Individu	al Development Account Contribution Tax Credit (attach Form N-320) 7	7∙	123456789
8	Techno	logy Infrastructure Renovation Tax Credit (attach Form N-326)	3∙	123456789
9	Credit fo	or School Repair and Maintenance (attach Form N-330))•	123456789
10	Hotel C	onstruction and Remodeling Tax Credit (attach Form N-314)	0∙	123456789
11	Carryov Credit (a	rer of the Residential Construction and Remodeling Tax attach Form N-332)	1•	123456789
12	Fill in the	able Energy Technologies Income Tax Credit (attach Form N-334) appropriate oval to indicate the type of energy system installed and in service:		
	• x	Solar Thermal X Wind Powered X Photovoltaic 1:	2∙	123456789
13		a Resort and Marina Attractions and Educational s Tax Credit (attach Form N-335)	13	123456789
14	on Forn	onrefundable Credits. Add Lines 1 through 13. Enter here and n N-11, Line 28; N-12, Line 43; N-15, Line 45; N-30, Line 12; NP, Line 15. Attach this schedule directly behind your Form N-11,		40245553
		1-15, N-30, or N-70NP		123456789



Schedule CR (Rev. 2005)

N-30, Line 14(d); or N-70NP, Line 17(d). Attach this schedule directly

_

SSN(s) or Federal Employer I.D. No.

Page 2

123456789

X

Name(s) as shown on return

TAXPAYER'S LAST NAME, FIRST NAME XXXXXXX

123456789

Part II **Refundable Tax Credits** If amount is a negative, shade the minus (-) in the box. Example: 123456789 123456789 16 Fuel Tax Credit for Commercial Fishers (attach Form N-163)...... 16• 123456789 123456789 18 Motion Picture and Film Production Income Tax Credit (attach Form N-316)... 18• 123456789 20 Drought Mitigating Water Storage Facility Income 123456789 Tax Credit (attach Form N-328) ________20● 123456789 22 Other refundable credits a. Pro rata share of taxes withheld and paid by a partnership, estate, trust, or S corporation on the sale of Hawaii real property 123456789 interests 22a **b.** Credit From a Regulated Investment Company 22b 123456789 X 123456789 23 Total Refundable Credits. Add Lines 15 through 21 and Line 22c. Enter here and on Form N-11, Line 38; N-12, Line 53; N-15, Line 55;

Page 2 ID No 12 SCHEDULE CR